

Assemblywoman Bonnie Garcia
80th District

CONSTITUENT
CASE WORK
AUTHORIZATION FORM

FULL NAME: _____

ADDRESS: _____

PHONE: HOME () _____ **WORK/CELL ()** _____

EMAIL ADDRESS: _____

Please summarize in a few sentences exactly what you want the Assemblywoman to do for you. Please be specific. Please also attach a full description of your problem and any copies of relative correspondence. If this is a DMV problem, include your California Driver's License number and vehicle license plate number. If you are a provider/contractor with the state and are awaiting reimbursement for services rendered, please include your provider number. Please include any relevant case numbers, contact names, contact numbers, etc.

I REQUEST ASSISTANCE WITH THE FOLLOWING MATTER (Please Print Clearly):

Further, I authorize that all correspondence and information regarding this request be provided to any other agency deemed necessary.

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN TO: 68-700 Avenida Lalo Guerrero, Ste. B, Cathedral City, CA 92234
FAX: (760) 321-8410

It is the policy of this office to refer your case to the proper governmental agency, whether it is federal, county or city, if your problem falls under that agency's jurisdiction, and does not fall within the parameters of state government.

It is unlawful for this office to request that any agency operate outside the boundaries of the law.

Staff intake: _____ *Staff assigned:* _____